FARM D

U.S. SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

708740

OMB APPROVAL

OMB Number: 3235-0076 Expires: January 31, 1988

SEC L	ISE ONLY
Prefix	Serial
DATE	ROCESSED

1 APR 04 2003

Name of Offering (check if this is an amendment and name has changed, and inc	
OAKS INVESTMENT GROUP	dicate change.) THOMSON FINANCIAL
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 🗷 Rule 506	☐ Section 4(6) ☐ ULOE
Type of Filing: Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indice OAKS INVESTMENT GROUP	ate change.) 03019706
Address of Executive Offices (Number and Street, City, State, Zip Code) 850 N. Wyomissing Blvd., Wyomissing, PA 19610	Telephone Number (Including Area Code) (610) 374-5125
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Purchase of Securities for investment.	SECIENCED CONTRACTOR
Type of Business Organization Corporation I limited partnership, already formed	□ other (pleasesspecify):
□ business trust □ limited partnership, to be formed	165
Month Year	□ Actual □ Estimated

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTI	FICATION DATA		
2. Enter the information re	equested for the	following:			
 Each promoter of th 	e issuer, if the is	suer has been organized	within the past five yea	rs;	
 Each beneficial ownersecurities of the issue 		ver to vote or dispose, or	direct the vote or dispo	sition of, 10%	or more of a class of equity
• Each executive office	er and director of	corporate issuers and of	corporate general and m	anaging partner	s of partnership issuers; and
 Each general and ma 	anaging partner o	of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	, if individual)	······································			
McGLINN CAPITAL M	ANAGEMENT,	INC.			•
Business or Residence Addr	ess (Number a	nd Street, City, State, Z	ip Code)		
850 N. Wyomissing	Blvd., Wyo	missing, PA 196	10		
Theck Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	▼ Director	☐ General and/or Managing Partner
ull Name (Last name first McGlinn, Michael J					
Business or Residence Addr	ess (Number a		ip Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)	— <u> </u>	·		
Coores Christian	mrt				•
TEULDE CHITZPLIAN	Inomas				
George, Christian Business or Residence Add		and Street, City, State, 2	(ip Code)		
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Business or Residence Addi	ress (Number a		_	□ Director	⊡ General and/or Managing Partner
Business or Residence Addi 2527 Winding Oaks	Drive, Chan Promoter	clotte, NC 2828	8	□ Director	
Business or Residence Addr 2527 Winding Oaks Check Box(es) that Apply: Full Name (Last name first Covell, Debora M. Business or Residence Add	Promoter if individual) ress (Number a	elotte, NC 2828 Beneficial Owner and Street, City, State, 2	8 Executive Officer.	□ Director	
Business or Residence Addr 2527 Winding Oaks Check Box(es) that Apply: Full Name (Last name first Covell, Debora M.	Promoter if individual) ress (Number a	elotte, NC 2828 Beneficial Owner and Street, City, State, 2	8 Executive Officer.	Director	
Business or Residence Addr 2527 Winding Oaks Check Box(es) that Apply: Full Name (Last name first Covell, Debora M. Business or Residence Addr 106 Hickory Lane	Promoter if individual) ress (Number a Wyomissin Promoter	Beneficial Owner and Street, City, State, 2 B. PA 19610	8 Executive Officer Lip Code)		Managing Partner
Business or Residence Addr 2527 Winding Oaks Check Box(es) that Apply: Full Name (Last name first Covell, Debora M. Business or Residence Addr 106 Hickory Lane Check Box(es) that Apply: Full Name (Last name first	Promoter if individual) ress (Number a Wyomissin Promoter if individual)	Beneficial Owner and Street, City, State, 2 B. PA 19610	8 Executive Officer Lip Code)		Managing Partner
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Business or Residence Addr 2527 Winding Oaks Check Box(es) that Apply: Full Name (Last name first Covell, Debora M. Business or Residence Addr 106 Hickory Lane Check Box(es) that Apply: Full Name (Last name first Yetter, Joseph J Business or Residence Addr 200 Halsey Avenu Check Box(es) that Apply: Full Name (Last name first	Promoter (Number a Promoter if individual) ress (Number a Wyomissin) Promoter i, if individual) L. ress (Number a Promoter Promoter i, if individual) ress (Number a Promoter i, if individual)	Beneficial Owner and Street, City, State, 2 Beneficial Owner Beneficial Owner And Street, City, State, 2 Beneficial Owner Beneficial Owner	Executive Officer: Zip Code) Zip Code) Executive Officer Zip Code)	☐ Director	Managing Partner General and/or Managing Partner
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Business or Residence Address (Number and Street, City, State, Zip Code)

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1. Has t	the issuer s	sold, or do								• • • • • • • • •		X	
					n Appendi								
2. What	is the mir	nimum inv	estment th	at will be	accepted f	rom any i	ndividual?					\$ <u>25</u>	0,00
3 Does	the offerin	no permit	ioint owns	ership of a	cinale uni	+2						Yes ▼□	No
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Business o	or Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Co	ode)						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount aiready sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		·
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S_N/A	\$N/A
	Equity	\$_ N/A	S
	□ Common □ Preferred	•	
	Convertible Securities (including warrants)	\$_N/A	SN/A
	Partnership Interests	§75,000,000	\$ <u>-0-</u>
	Other (Specify)	\$N/A	\$_N/A
	Total	_{\$} 75,000,000	
	Answer also in Appendix, Column 3, if filing under ULOE.		
2			
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	0_	s
	Non-accredited Investors	-0-	so
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	· · · · · · · · · · · · · · · · · · ·	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🗆	\$ <u> </u>
	Printing and Engraving Costs	🗆	\$ <u>-0-</u>
	Legal Fees	x	§1,500.00
	Accounting Fees		§ 400.00
	Engineering Fees		\$ <u> </u>
	Sales Commissions (specify finders' fees separately)	·	\$
	Other Expenses (identify)		s450.00
	Total		